



**West Virginia State Police**  
 Department Headquarters, Personnel Section  
 725 Jefferson Road  
 South Charleston, West Virginia 25309-1698  
 (304) 746-2117  
 www.wvsp.gov

**Application For Uniformed Member (Trooper)**

**Applicant Information**

**Instructions:** TYPE or PRINT LEGIBLY IN INK to complete application. Be certain to fill in all spaces on the application form. Specify not applicable (N/A) if necessary. **If any information is missing your application may be rejected.** All information will be treated confidentially. **Use attachments where necessary.** It is the policy of the West Virginia State Police to be fair and equitable in all its relations with its employees and applicants for employment without regard to race, color, religion, ancestry, marital status, or disability.

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last Jr./Sr. First Middle*

Current Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_

*City County State ZIP Code*

List other name(s) that may be pertinent to checking previous employment and educational records: \_\_\_\_\_

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Driver's License: \_\_\_\_\_ Social Security No.: \_\_\_\_\_  
*State / Number*

List **ALL** previous home addresses (attach additional sheet if necessary): \_\_\_\_\_

Are you <b>21-39</b> years old?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Are you legally authorized to work in the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Do you have a high school diploma or GED?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Have you had a driver's license for two (2) years prior to the date of the is application?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Has your driver's license ever been revoked or suspended?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain:		
Have you ever been convicted of a misdemeanor crime?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain:		
Have you ever been convicted of domestic violence?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Have you ever been convicted of a felony crime?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever been convicted of a traffic violation? (include moving and non-moving offenses.)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain:		
Are you currently using illegal drugs?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Do you drink alcoholic beverages?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you applied for the position of police officer at another agency?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, where?		
Are you currently or have ever been a certified law enforcement officer?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, what agency?		
*Have you previously applied for employment with the West Virginia State Police?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	*Have you ever been employed by the West Virginia State Police?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

*Have you previously tested for the position of West Virginia State Trooper?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	*If you checked YES to any of the questions pertaining to a previous application with the WVSP please give details: _____
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**Education**

**High School:** \_\_\_\_\_ **Address:** \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Diploma: \_\_\_\_\_

**College:** \_\_\_\_\_ **Address:** \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree/Major: \_\_\_\_\_

**Other:** \_\_\_\_\_ **Address:** \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree/Major: \_\_\_\_\_

**Military Service**

**(Answer Both Questions)**

Have you ever served in any branch of the armed forces? YES  NO  Have you ever been discharged from the armed forces under conditions other than honorable? YES  NO

(Excluding medical discharge)  
If yes, explain: \_\_\_\_\_

Branch of Military	From	To	Rank or Grade

**References**

Give the Name, Address, Telephone, and Occupation for five (5) reliable persons who have known you a greater part of your life. **DO NOT LIST RELATIVES, FELLOW EMPLOYEES, FORMER OR PRESENT EMPLOYERS.**

Full Name and Occupation:		Phone:	
Address:		Years Known:	
Full Name and Occupation		Phone:	
Address:		Years Known:	
Full Name and Occupation		Phone:	
Address:		Years Known:	

Full Name and Occupation		Phone:	
Address:		Years Known:	
Full Name and Occupation		Phone:	
Address:		Years Known:	

**Previous Employment**

List **ALL** areas of employment. Include any periods of part-time, temporary employment and **ALL** periods of unemployment. **DO NOT LIST MILITARY SERVICE** as employment. Failure to include all employment history may result in elimination. Attach additional sheets if necessary.

<b>Employer:</b>		Phone:	
Address:		Salary:	
Job Title:	Type of business:	Immediate supervisor:	
Responsibilities:			

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

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<b>Employer:</b>		Phone:	
Address:		Salary:	
Job Title:	Type of business:	Immediate supervisor:	
Responsibilities:			

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

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<b>Employer:</b>		Phone:	
Address:		Salary:	
Job Title:	Type of business:	Immediate supervisor:	
Responsibilities:			

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

## Skills and Qualifications

Summarize any training, skills, licenses and/or certificates (that you currently possess) which you feel will be beneficial to you in this position:

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*\*\*Before a person is selected for enlistment, entries made in his/her application are verified. A careful and complete character investigation is also conducted. You may use this space to explain any irregularities that may be disclosed by our investigators:*

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## Certification

I attest to the accuracy and truthfulness of the information provided and that any misstatement of material facts will be grounds for disqualifying me from further consideration in the selection process, or, if hired, grounds for discharge. I further understand that consideration for employment is conditioned upon the results of a reference check, and that the state police is authorized to investigate all statements made by me on the application, to contact former employers and references and to advise contacted persons that they may respond to questions. I hereby release all such persons from any liability of damage resulting from such information.

I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between the West Virginia State Police and myself for either employment or for the providing of any benefit. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the West Virginia State Police unless made in writing. If an employment relationship is established, I understand that I have the right to terminate my employment at any time and the West Virginia State Police retains the same right.

I understand that prior to being offered employment with the West Virginia State Police I may be requested to take an employment examination. In the event I have a disability which will affect my ability to take the test, I will so inform the West Virginia State Police prior to the administration of the test in order for a reasonable accommodation to be made. Requested accommodations may include accessible testing sites, modified testing conditions and accessible testing formats. The West Virginia State Police reserves the right to require medical documentation concerning the need for these accommodations.

I understand that if employed, policies and rules which are issued are not conditions of employment and that the employer may revise policies and procedures, in whole or part, at any time.

I understand that this application will be retained for one (1) year upon receipt, or after taking action on the application, whichever is later, after which time I would have to reapply in accordance with the established West Virginia state Police procedures.

Signature: \_\_\_\_\_  
Applicant Signature required (Blue Ink)

Date: \_\_\_\_\_

**-EQUAL OPPORTUNITY EMPLOYER-**

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